



REQUEST FOR INFORMATION/RECORD

Date: 3/30/22

Name of Requestor: DIONISIO R. MACASAT JR

Address: JAVIER, LEYTE

Contact Number: 09050852063

E-mail address: dionisio.macasat@vsu.edu.ph

Proof of Identity: VSU ID

ID No.: VA 00100

Requested Information:

certificate of termination

No. of copies: 1

Reason & intended use of requested information/document

for BIR

DIONISIO R. MACASAT JR
Name & Signature of Requestor/Representative

Action on the request:

Approved:

RYSAN C. GUINOCOR
Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. _____ Date: _____ Amount: _____

Disapproved:

RYSAN C. GUINOCOR
Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval:

